MARGIN RESERVED FOR BINDING.
T, WITH UNFADING INK—THIS IS A PERMANENT RECOK. Every item of infor-N. B.-WRITE PLAIN

e :	STATE OF MARYLAND—		
state UPA-	1. PLACE OF DEATH	(985)	
F 1	county Worcestle.	Registration Dist. No. 337	
=	Village or City South of Will - Ma	NoSt.,Ward	
t of	Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs mos ds.	
AN	yela de tie	Anthony	
YSICIANS	2. FULL NAME SO (Seasons)	St., Ward.	
_ X 1	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State	
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Z .	3. SEX 4. COLOR, OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (10ay) (Year)	
A C T Issified	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from	
E E	6. DATE OF BIRTH (month, day, and year) 5. 6.23	I last saw h alive on 8/20193 / ; death is said	
- rd	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.4m.	
stated proper ertific	8 3 20 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
be po	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Acute Enteritis \$115/31	
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
E sh t it on	10. Oate deceased last worked at this occupation (month and year)		
oplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town) I orth Candina.	Other Contributory Causes of Importance:	
ied. ns, so struc	(State or country)	Unimportant.	
ipplied terms, instri	13. NAME Thed Electrons		
sul in t	14. BIRTHPLACE (city or town) / With Christian (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy	
efull in pl ant.	15. MAIDEN NAME Claror Wolker	23. If death was due to external causes (VIOL ENCE) fill In also the following:	
be carefully EATH in pla important.	15. MAIDEN NAME (Coty or town) Works Carolina, (State or country)	Accident, suicide, or homicide? Date of injury, 19	
hould be OF DEA very imp	17. INFORMANT Cleary tirthery front	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
E B	18. BURIAL, CREMATION, OR REMOVAL Proce Partiest Cerry Date 8/17 19	Manner of injury	
mation s CAUSE TION is	19. UNDERTAKER Mm & Williams	24. Was disease or injury In any way related to occupation of deceased?	
100	(Address) Snowtill und	If so, specify	
(1)	20. FILEO 87 27, 1931 RELOY Switch.	(Signed) M, D (Address) MV VIII M, D	
	If more blanks age needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

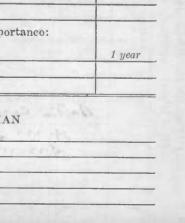
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
	~ ~ ~ ~ ~ ~		T CAT TITLE	CA TO A WANTER OF THE PARTY	20 0	W WW W PONTON



mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. RECONE. Every item of infor-PITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate. N. B.—WRITE PLAIN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 09856
County Vacceste	Registration Dist. No. 250
white or city foremose City Mid	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred?mosmos.	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Analy Suspending (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH (Month) 2 (Day) 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Saac Secret	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Years Years Tophs Days If LESS than 1 day,hrs. ormin.	Tlast saw h alive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	articles Deforman 192
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year)	Other Contributory Causes of importance :
12. BIRTHPLACE (City of towns (State or country)	
13. NAME 14. BIRTHPLACE (city of town) (State or country)	Name of operation Date of Was there an autopsy A
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or county)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19
17. INFORMANT Jaco Jacobs Secretty (Address) Journal Secretty	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Place Resolution Date and 24., 19.3.1	Manner of injury
19. UNDERTAKER Chas a furnel D (Addréss) 5 mm fell mes	24. Was disease or injury In any way related to occupation of deceased? // U
20. FILED aug 23, 1931 John Reley Registrat.	(Signed) antoness M.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Exam	nple I	80	Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	A J P T	3 1921	Run over by street car	1 week ago
Cerebral hemorrhage	-	July 5, 1927	Perilonitis	3 days ago
				1
Other contributory causes of	importance:		Other contributory eauses of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

jalistones .		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL SPACE	E FOR FURTH	ER STATEMENTS BY PHYSICIA	\N

r e r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(19)
SES	county Osesler Co	Registration Dist. No. 33 4
item of should of OCC	Proper City Continue and	NoSt., Ward
(M) = o	Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
CORD, Every PHYSICIANS oct statement	2. FULL NAME wel Edward In on	
Ev. Ev	(a) Residence: No.	St., Ward.
RECOR. PHY:	(Usual place of abode)	- If nonresident give city or town and State
X X	3. SEX COLOR OF RACE 5. SINGLE, MARKED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
4 53.	OR DIVORCED (write the word)	(Month) (Day) (Year)
BINDING PERMANEN EXACT y classified te.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY That I attended deceased from
BINI ERM EX.	6. DATE OF BIRTH (month, day, and year of 1 1 - 193)	I last saw har colive on Ang 193 : death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4. 4. 1.
FOR IS A I stated properlines	10 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 10	8. Trade, profession, or particular kind of work done, as SPINNER, Child SAWYER, BOOKKEEPER, etc.	les 665 7/301
RV ould may	9. Industry or business in which work was done, as SILK MILL, A face.	
INK Shot it	10. Oate deceased last worked at this occupation (month and spant in this	
REST INGE I THAT	year) occupation occupation	Other Contributory Causes of Importance:
F4 1 . 1m	12. BIRTHPLACE (city or town) (State openuntry)	Drevelo - prensama \$/02
MARGIN UNFADI supplied. n terms, so		
	13. NAME LESS OF TOWN) 14. BIRTHPLAGE (city or town) (Contract of town)	Name of operation
- TD	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
WIT Plui blut.	15. MAIDEN NAME Pancy Of elly	23. If death was due to external causes (VIOLENCE) fill in also the following:
LACT, WITH be carefully EATH in pla	15. MAIDEN NAME LANCY & LANCY	Accident, suicide, or homicide?, 19, 19, 19
AIL T, Id be can DEATH	(State or country)	Where did injury occur? (Specify city or town, county and State)
PLA hould OF Di	17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
F-3 00	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Oate Oate Oate 16, 190	Nature of injury
	19. UNDERTAKER Chas Atumell	24. Was disease or injury in any way related to occupation of deceased?
B. No.	Curic 3/de a Caralle	(Signed) and wee M. D.
×Z	20. Fitted Registrar.	(Address) + Comment / MA
	If store blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of important:		Other contributory causes of importance:	
Gallstones	May 193	Gastroenteritis	1 year
30	1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

- 6

BINDIA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	a 1921	Run over by strect car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



S. No. 1

PLACE OF DEATH

County W OVERENT	Registration Dist. No. 367
Village or City Livalitie (No	St.: Ward (If death occurred a hospital or Institution, give its NAME is stead of street as number.)
PERSONAL AND STATISTICAL PARTICULA	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	ugle 16 DATE OF DEATH Aug 2-6, 193/ (Month) (Day) (Year)
6 DATE OF BIRTH MARCH 20 (Month) (Day)	1931 that I last saw h muslive on aufg 25, 192.
ر ا ا ط	LESS than day hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry husiness, or establishment in which employed or (employer)	(Duration) yts. mos 5
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Maryland.	(Signed) Wishest Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Adoldental, Suicidal or Homicidal.
of MOTHER Scrotly Call	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mary Loud	At place of death
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos of death yrs mos of death yrs mos of death yrs mos of death yrs of death yrs mos of death yrs mos of death yrs of
OF MOTHER (State or Country) Maryloud	of death yrs mos ds. State yrs mos GE if not at place of dea.h?

09869

STATE OF MARYLAND

(Approved by U. S. Consus and American Public Health Association.)

Spinner, er," etc., Wilava-laborer, Farm laborer, Laborershould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engincer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, without more precise specification as Day who are engaged in the duties of the Stationary fireman, etc. factory. The material -Cool minc, etc. Wom-Locomotive engineer, But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

letanus) may be stated under the head of "contributory." approved American Medical Association.) "Exhaustion," "Heart muure, "Shock," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "Shock, "The miles of definite diseases." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopncumonia (secondary), by Committee on Nomenclature of the or intercurrent) Chronic Example: Measles (disease valvular heart disease; affection need not be etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanksfare needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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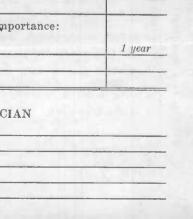
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Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. LNI MARGIN RESERVED FOR BINDI WITH UNFADING INK-THIS IS A PERMA WRITE PL V. S. No. 1

PLAGE OF DEATH	STATE OF MARYLAND
County Marcesler	CERTIFICATE OF DEATH
Village or City Oconvolse leity /	Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single. Married Widoweb. OR DIVORCED (Write the word)	16 DATE OF DEATH Que 29-, 193/ Worth) 29 (Day) 93/(Year)
6 DATE OF BIRTH (Month) (Day) (Yea	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 1, 192 1, that I last saw h 777 alive on 194 7 22 1, 192 1,
7 AGE If LESS to I day	han and that death occurred on the date stated above, at 1.00 C., m.
yrs. mos. ds. or m	in? Ourbred Lamorryage
(a) Trade, profession or particular kind of work	losma for several de
(b) General nature of industry	A Marine State of the state of
business, or establishment in which employed or (employer)	(Durstion) yrs mos de.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Serige Corbin	(Signed) / M. Jarishagriff M. D. (Signed) / M. Jarishagriff M. D. (Aug 2919) (Address) 57 vivil M. A. A. B.
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER LOVE RUN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
Rate Jagos) Loco we be Cetyl	Haceste Do Med Que 31., 19.31
Filed Un 26 1921 John T Release	Jemont Stivelson ocomoloch
If more blanks are needed, address State Regis	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile foctory. The materia should be used only when needed. As examples: (0) additional line is provided for the latter statement; if nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on Form laborer, Laborerwithout more precise specification as Doy -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

as fracture of skull, and consequences (e. g., sepsis accident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid—probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is lcss definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condicough; Chronic valvular heart discose; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

000111	Worcester	*******			Registration Di	st. No.	353
	ity Bishop	death occurred	(I	No	astitution, give its NAME in	st.,St.,	Wa I number)
2. FULL NA			CROP		. II VI IVIGISII BII (II:	J130 a	11034
		(Usual place				e city or town an	d State
	AL AND STATIST				CERTIFICATE	OF DEATH	
s. SEX Male	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	Augus (Month)	st 10	, t93 1 (Year)
5a. If married, widow HUSBAND of	ed, or divorced			22. 1 HERE	BY CERTIFY.	That I attended	d deceased f
(or) WIFE of							
6. DATE OF BIRTH (month, day, and year) rs Months STILLB	Days ORN	If LESS than t day, hrs.	I last saw h alive on to have occurred on the date	steted above, at	, 19 m.	
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dale deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town)			2 non				
to. Dale decease this occurrence yeer)	ed last worked et pation (month and y or town)	Syai	ime (years) nt in this upation	to Mn hellie &	Conffer the	frelior 3 month	5
t0. Dale decease this occurrence year)	ed last worked et pation (month and pation (month and pation) y or town)	ocet	ime (years) nt in this upation	no lon to	Conffer the	frelie	
12. BIRTHPLACE (cii (State or cour	y or town) Edwin Cro (city or town) Md Md Md Md	pper	ime (years) nt in this upation	Other Contributory Causes of Name of operation	orafin the war about importance:	frelier 3 answell	5
12. BIRTHPLACE (cill (State or could state or could	y or town) Edwin Cro (city or town) Md country) ME Nellie S	pper •	ime (years) nt in this upation	Other Contributory Causes of Name of operation	on fin the war about importance:	Date of Wes there are	autopsy?
12. BIRTHPLACE (cit (State or cour 2) 13. NAME 14. BIRTHPLACE (State or cour 2) 15. MAIDEN NA 16. BIRTHPLACE	y or town) Edwin Cro (city or town) Mc country) MR Nellie S	pper •	ime (years) nt in this upation	Other Contributory Causes of Name of operation	importance: It causes (VIOL ENCE) fill la	Date of Wes there are a list the following te of Injury	autopsy?
12. BIRTHPLACE (city (State or course of the	y or town) Edwin Cro (city or town) Mc (city or town)	pper •	ime (years) nt in this upation	Other Contributory Causes of Name of operation	importance: Il causes (VIOLENCE) fill lic. (Specify city or to ed in INDUSTRY, in HOMI	Date of	n autopsy?ng:
12. BIRTHPLACE (city (State or course of the	y or town) Edwin Cro (city or town) Mc (city or town) Mc (city or town) Mc (city or town) (city or town) (country) Mc (city or town) (country) Mc (city or town) (country)	pper •	ime (years) nt in this upation	Other Contributory Causes of Name of operation	importance: I causes (VIOL ENCE) fill lice. (Specify city or to ed in INDUSTRY, in HOMI	Date of Wes there an also the following te of Injury & wn, county and St., or la PUBLIC P	n autopsy?, ng:
12. BIRTHPLACE (city (State or course of the	y or town) Edwin Cro (city or town) Mc (city or town) Mc (city or town) Mc (city or town) (city or town) (country) Mc (city or town) (country) Mc (city or town) (country)	pper elby	mation make the second	Other Contributory Causes of Name of operation	importance: Causes (VIOL ENCE) fill licauses (VIOL ENCE) fill licauses (Specify city or to ed in INDUSTRY, in HOMI	Date of Wes there are n also the following te of Injury	autopsy?-,ng:

stillbitth UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "meehanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1000			
Other contributory causes of importance;	4	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
100			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

nfor- state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor state UPA.	1. PLACE OF DEATH	(1987)
	County Warrender	Registration Dist. No. 355
item of should of OCC	Village or City Shavell	NoSt,Ward
70	Length of cesidence in city or town where death occurredyrs,mo	f death occurred in a horpital or institution, give its NAME instead of street and number) s
rD. Every YSICIANS statement	2. FULL NAME Thomas a Hint	
SIC SIC	(a) Residence: No.	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
→ ₩ ₩	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Par)
In the d	5a. If married, widowed, or divorced HUSBANO of	(1521)
IDING HANEN A C T I assified.	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
A SX4	6. DATE OF BIRTH (month, day, and year) And 12, 1931	, 19, to, 19, 19
	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on
FOR IS A I stated proper! ertifica	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
F(Starter	8. Trade, profession, or particular	were as follows:
Di De Pe	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Alleo Calilis Cong
RVE ould may back	9. Industry or business in which	Julie Julie
ERV] KK—T should t may t back	work was done, as SILK MILL, SAW MILL, BANK, etc	(193)
70 2 " "	11. Total time (years) this occupation (month and spent in this	that in allendame 1731
RES ING IN AGE that	year) occupation	Other Contributory Causes of Importance:
. #4	12. BIRTHPLACE (city or town) Delenare	
MARGIN UNFADI supplied. n terms, so	(State or country)	
MARG] UNFA supplied a terms, ee instra	13. NAME Difster of the	
MA. TH U y sul ain t	14. BIRTHPLACE (city or town)	Namo of operation Date of
ITTH III, plai	(State of country)	What test confirmed diagnosis? Was there an autopsy?
K, WIT	15. MAIOEN NAME / Kuth Showell	23. If death was due to external causes (VIOLENCE) fill in also the following:
が発用さ	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
be car EATH imports	(State or country)	Where did injury occur? (Specify city or town, county and State)
A I	17. INFORMANT Webster Heath	Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
3 PLA Should OF D	(Address) Masuell Mid	
E. (a) .2	18. BURIAL, CREMATION, OR REMOVAL Place August Date Gueg, 23, 1931	Manner of injury
WRITE ANTION S CAUSE FION is	Date Vice 1, 19-1	Nature of Injury
-WRIT mation CAUS	19. UNDERTAKER J. W. Burbage	24. Was disease or injury in any way related to occupation of deceased?
9 6	(Address) Bushing May	If so, specify
9	20. FILED 8/05 181 Helen 9. Haywar	1d. (Signed) M.
219	Argistrar.	(Address)
and and	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related ca	uses Date of onset	The principal cause of death and related cause of importance were as follows:	S Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			*
	1 4 4 4		
Other contributory causes of importance:	A.F.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

- Value	PLACE OF DEATH County Workester	09874 STATE OF MARYLAND CERTIFICATE OF DEATH		
50	·	(125-6) Registration Dist. No.353		
ioate	Village or City Seshops (No. Ma 2FULL NAME Donald P. A	St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.)		
certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
ack of	male white Single, Married, Widowed, Or Divorced (Write the word)	16 DATE OF DEATH 28 , 193 / (Month) (Day) (Year)		
ons on k	6 DATE OF BIRTH May (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 2 192./. that I last saw has alive on 28, 192./.		
nstruct	7 AGE 5 yrs. 3 mos. 2 ds. or min.?			
rtant. See	a) OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Disease of the liver. (Durstion) yrs. mos & ds.		
impo	9 BIRTHPLACE (State or country) manuland	Contributory Secondary (Duration) yrs mos ds,		
s very	10 NAME OF Charlie W. Hickman	(Signed) AP G M. D. Reg 2 9 192 (Address) Bishi friele ha		
ION	OF FATHER (State or country) Maryland 12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
CCUPAT	of MOTHER Maries Hickman	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the		
0	(State or Country) May Law 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death		
statement of	(Interment) Charley Hickman	Former or usual residence		
etar	Filed Aug 291934 J. Man	20 UNDERTAKEN Watson Selbyvill		
	If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, work, or At Home, and children, not gainfully emer," etc., without more precise specification as laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, House sary to know (a) the kind of work and also (b) the to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocespecially in industrial employments, it is neces-For many occupations a single word or term on Stationary fireman, etc. But in many

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American Medical Association.) approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsia, telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile", "Exhaustion," "Heart failure," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway train-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart lanue,
"Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., whon a definite disease secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as or intercurrent) affection need not be Chronic valvular heart disease; "Senile," etc.), "Dropsy," failure," "Haemorrhage," The nature of the injury, etc. Nomenclature The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

instructions

important

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infor

plnous

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
£			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	-	0
	WRITE	Item
1 0017 00 0	W	N. B Every

1PLACE OF DEATH	09876 STATE OF MARYLAND
	CEDTIFICATE OF DEATH
County	Registration Dist. No. 35/
Village or City New Cold, W.d. (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of atrest and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 45 (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decessed from
6 DATE OF BIRTH	
(Month) (Day) (Year)	that I last saw hallve on
7 AGE If LESS than I day,hrs.	and that death occursed on the date stated above, at
yrsds. ormin.?	52:00
(a) Trade, profession or	500/20 11/20
particular kind of work	DO DALLO MALLET
business, or establishment in which employed or (employer)	(Duretion) Tre
9 BIRTHPLACE	Contributory
(State or country)	(Dyretion)pos
FATHER Sof P. Purnell	(Signed) Section Section of the Sect
OF FATHER (State or country) Wayland	*State the Disease Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether
12 MAIDEN NAME OF MOTHER C. Stella	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For liospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place of death yrs de. de. btate yrs de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
On Dia Whales	Former or usual residence
(Address) Newark, md	Gador Charle Cemetry angel 1:31.
Filed 8/4 19231 Refloy Swith	Seven Johnson New ark Mg
If more branks are needed address State Registre	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.
11	

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of f illness of various pursuits can be known. The quescontion is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, er," etc., William Laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician; Compositor, Architect, business, that fact may be indicated thus; Farmer (restate occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Scrvant, Cook, Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only not paid Housekeepers who receive a en at home, Never return 'Laborer,""Foreman,""Nanager,""Dealworked on may form part of the second statement. whatever, write Nonc. For many occupations a single word or term on yrs). without more precise specification as Day win are engaged in the duties of the For persons who have no occupation -Coul minc, etc. Wom-Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. E. amples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin: "Cancer" is less definite; avoid "Debility" ("Conge.ital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Mousles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childhirth or miscarriage as "Puerperal sopticaemia," "Puerperal peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; telanus) may be stated under the head of "contributory carbolic acid-probably suicide. Then ture of theinjury, accident; Revolver would of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL. OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., se) sas approved by Committee on American Medical Association (Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) or intercurrent) affection need not be ass important. Example: Measles (disease Chronic valendar heart etc. The contributory Nomenclature disease; death

If this certificate is I oked over tho oughly and a I que "ions answered in detail, it will prevent further correspondence. . "he data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	1982 STATE OF MARYLAND	,
	County Moreesler	CERTIFICATE OF DEAT	H
1		Registration Dist. No. 31	2
1	On Ct		
	Village or City Class Cho.	St.: Ward) (If death oeco	institu-
0	On a day	tion, give its N stead of stre number.)	et and
H	2FULL NAME	number.)	
nec	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
-0	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH	21
×	Level White WIDOWED OR DIVORGED	Clary 30 , 19	2/
080	(Write the word)	(Day) (Day)	
Ē (6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decease	ed from
0	July 25 1847	dug/2 1923/ to dug 20	, 192
0	(Month) (Day) (Year)	that I last saw h en alive on legy / ,	152,
2	7 AGE	and that death occurred on the date stated above, at	08/ m,
	l dayhrs.	The CAUSE OF DEATH * was as follows:	1.
S L	84 yrs. 0 mos. 25 ds. or min.?	Chronie Myocard	ial
0	a) Trade, profession or	Degeneration	
n	particular kind of work		
١	(b) General nature of industry business, or establishment in		
ta	which employed or (employer)	(Duration) yrs	ds,
000	9 BIRTHPLACE	Contributory Secondary	
=	(State or country) Phila P4	(Durstion)	de.
>	10 NAME OF	(Signed) Olifford 6. Schott	- M D
0	FATHER Somuel Musleyer	12 AV 1/ 6+19	nel
9	to 11 BIRTHPLACE	(Address) Clean Col	
2	of FATHER (State or country) Phila Pu	//*State the liscase Causing Death, or, in deaths Vyblent Causes, state (1) Means of Injury and (2) Wh Accidental, Suicidal or Homicidal.	from
	12 MAIDEN NAME		
4	of MOTHER Jame Joyce	18 LENGTH OF RESIDENCE (For Hospitals, Institutions ients or Recent Residents)	, Irans-
5	13 BIRTHPLACE OF MOTHER DELLE	At place in the	
	(State or Country) Thilu fa	of deathyrsmos,ds. Stateyrsmos	ds,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	
1	of the St Coul	Former or	
9	(Informant) True 76. Cong	19 PLACE OF BURIAL OR REMOVAL DATE OF BU	RIAL
	(Address) Phila Pe	arlinton Cen Landown 8/24	2
210	(10 \ 1	winging cent, without 127,	196
~	15 Filed 8/20 1931 J-S. Mseufed	I M. Berlinge Berlin	8
	egistrat	f. " allu	one

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various Jursuits can be known. The question applies to each and every person, irrespective of additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foremon, Spinner, (b) Cotton should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tle first line will be sufficient, e. g., Farmer or Planter Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term or yrs). without more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material (a) the kind of work and also (b) the mill; (a) Salesman. Laborer-Coal minc, etc. Wom-(6)

Statement of Cause of Death—Name, first, the DISEASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheric (avoid use of "Croup"); Typhoid Jewer (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condistated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcastes; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitas," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dtopsy, "Exhaustion," "Heart failure," "Haemorphage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstilial nephritis, Whooping unquelified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of death cough; Chronic valvular heart disease; , etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on pack of certificate. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 09848
1. PLACE OF DEATH	(31)
County Warrish	Registration Dist. No. 332
Village or City Auwarh	No. St, Ward fdeath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	s. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Service Mil	ehill
(a) Residence: No. (Usual place of abode)	St., Ward. If conresident give city or town and Stale.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 29 193 / (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WtFE of	22. HEREBY GERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Aug. 29. 1864	I last saw bear alive on Cary 25, 1951; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs.	mera se follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Chr. Int helpreis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Dther Coutributory Causes of importance:
II 13. NAME Pufus W. mitgliege	
13. NAME (fufus W. Mitglell 14. BIRTHPLACE (city or town). Many land.	Name of operation Date of
(State of Country)	What test confirmed diagnosis & Wes there an autopsy?
15. MAIDEN NAME Charlotte, Smack	23. If death wes due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Charlatte, Sonack, 16. BIRTHPLACE (city er town)	Accident, suicide, or homicide?
17. INFORMANT Mr. Joseph mitchell (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Confidence Date Que. 3/193/	Manner of Injury
19. UNDERTAKER . W. Burbage	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED aug 31, 1931 I V Myniferd	(Signed) (Address) (Address)
If more blanks are needed, address blate Registrar.	2411 N. Chayles Street Ralismore Requesting 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed hay be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of the s	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis PII DV ATI		Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Workester	Registration Dist. No. 33-2
	No. St, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	os. ds. How long In U.S. if of foreign birth?
2. FULL NAME (Martha Cideline	Mitchell
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of asbury Mitchell	22. I HEREBY CERTIFY, That I altended deceased from
6. DATE OF BIRTH (month, day, and year) Opt 1 185	I last saw h-ex alive on
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 680 (-m.
/ / / O ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	anonley 5 95%
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent In this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME for large and	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME (Assassing MICA)	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Annie Weff 16. BIRTHPLACE (city er town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?
17. INFORMANT Ashary Mitchell (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Evergselv Date lieg . 2 1921	Nature of Injury
19. UNDERTAKER / W. Bushage (Address)	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED aug 9, 1931 IV Membro	(Signed) Marrell. Lugo M. D. (Address) New M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	G15 13
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Every item CIANS sho statement

N. B.-

0		PHYSI- d. Exact
	CORD	ylied. ACE should be stated EXACTLY, PHYSI-ms so that it may be properly classified. Exact negtructions on back of certificate.
0	HIS IS A PERMAENT CORD	e stated e properi k of certif
ED FOR BINDING	PERM	should by it it may be son baci
FOR	S IS A	so thar ruction
Q	HIS	me

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untv	Wo	re	est	er

STATE OF MARYLAND CERTIFICATE OF DEATH

Maryland.

				Registration	Dist. No. 350
Vil	llage or City Pocomoke City 2FULL NAME Leonard		D. # 5	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
1	PERSONAL AND STATISTICAL	PARTICULARS	MEDICA	L CERTIFICATE	OF DEATH
	Male White Wi	NGLE. ARRIED. DOWED. EDIVORCED Married rite the word)	16 DATE OF DEATH August	-	th., 1321
6 1	DATE OF BIRTH August (Month)	5th., 1 860.	that I last saw h	TERTIFY, That I att	ended the deceased from
7 /	7] yrs. ** mos.	If LESS than 1 day hrs. or min.?	and that death occurre		above, at 7.30 Pm.
プ	particular kind of work Farmer b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	-	Contributory Secondary	(Duration)	-
TS	10 NAME OF FATHER Revell Out:	ten	(Signed) 7	(Address) Death	M. D.
PAREN	(State or country) Maryl 12 MAIDEN NAME OF MOTHER Wealthy Maso		Accidental, Suicidal or	Homicidal. DENCE (For Hospital)	or, in deaths from jury and (2) Whether tals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Marj	land	At place of deathyrsmo	In the Stat	eyrsmosds.
14	(Informant) Mrs. Ida V. Out		Former or usual residence		
	(Address) Pocomoke Cit		Goodwill M. I Near Pocomok	Cemetary e City, Md.	Aug. 26th, 1931
15	Que 25?/	T Kiles	29 UNDERTAKER	11/-	POCOMORE Cit

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to cach and every person, irrespective of Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day Coal mine, etc. Wom-(b)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptcd term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropay," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indcfinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	M	carefully supplied. ACE should be stated EXACTLY, PHYSI-
	CORD	I EXACTL
5	DING INK-THIS IS A PERM. ENT CORD	carefully supplied. ACE should be stated EXACT. THe in plain terms so that it may be properly class.
	PERM	should it it may
207	IS A	So the
N RESERVED FOR BINDING	KTHIS	supplied n terms
ストンロ	ING IN	arefully in plai
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PLACE	OF	DEATH
1 -110-	٠.	

Filed ang 11 1923/

County Worcester

09831 182-6

STATE OF MARYLAND CERTIFICATE OF DEATH

Pocomoke City

aryland.

		Registration Dist, No. 330
Vill	lage or City Ocomoke City (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
з s Na	ale Colored Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	August 10th. 1931 August (Month) 10th (Day) 1931 (Year)
6 D	*************************************	17 I HEREBY CERTIFY, That I attended the deceased from 192
2		The CAUSE OF DEATH * was as follows:
bi	b) General nature of industry usiness, or establishment in which employed or (employer)	(Duration)yrs,ds
9 B	(State or country) In the state of the stat	Secondary (Duration) (Signed) (Signed) (Signed) (Signed) (Duration) (Recistran at a
RENTS	Jessie Patterson II BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PA	12 MAIDEN NAME OF MOTHER DON'T KNOW 13 BIRTHPLACE OF MOTHER (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of death?
	(Address Pocomoke City, Maryland.	Former or usual residence 19 Flace of Burlat Or REMOVAL DATE OF BURIAL PROCESS OF B

20 UNDERTAKER

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

No. Ø

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day (6) Automobile factory. The material -Coal mine, etc. not gainfully em-The ques-Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EAS: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); "PUERPERAL septicaemia," "PUERPERAL peritonitis," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Debility" ("Congenital," as fracture of skull, and consequences (e. g., sepsis, taken. American Medical Association.) approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, by Committee on Nomenclature Chronic "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. The contributory valvular heart Always qualify all Measles ; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09882		
1. PLACE OF DEATH	(46)		
County Worusty	Registration Dist. No. 332		
Village or City Burlin	No. St, Ward		
(If Length of residence in cily or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.		
	0.0		
2. FULL NAME Uddie 13. Pur			
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (murite the word) William.	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended dacaasad from 19 to ang 28 1967		
6. DATE OF BIRTH (month, day, and year) Lunkeroun	I last saw her alive on ang 2.4 1907, death is said		
7. AGE Years Months Days If LESS than I day,	to have occurred on the data stated above, 4. 8. 12. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8 Trade profession or particular	were as ronows.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1928		
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cancer of Liver		
SAW MILL, BANK, etc	¥		
O this occupation (month and spent in this year) occupation			
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:		
(State or country)			
14. BIRTHPLACE (city or town) MU			
14, BIRTHPLACE (city or town)	Name of operation Date of		
1 (State of Country)	What test confirmed diagnosis? Was there an autopsy? 200		
15. MAIDEN NAME Emma Purnell 16. BIRTHPLACE (city er town) (Chair or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:		
0 16. BIRTHPLACE (city er town)	Accidant, sulcide, or homicide?		
2 (State or country) 17. INFORMANT Clarence Pursuel (Addrass)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, QR. REMOVAL	Mannar of Injury		
Place St. Dauls Date Sent 1, 19.31	Natura of injury		
19. UNDERTAKER J. W. Burbage (Address) Berline	24. Was diseasa or injury in any way ralated to occupation of deceased?		
20. FILED Sept/, 1931 QV Munifold Registrar.	(Signad) C 9 Hoeland M.D. (Addrass) Serling mod		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

V. S. Mo. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I - 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BURRAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
		8	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			3	
County Worcester			Registration Dist. No. 353	
Village or City Whaleyvi		(ii	No. St., V f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos.	Vard
		CITOU		us.
		SHOW		
(a) Residence: No.	(Usuai place	of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	THE STOCK ST
3. SEX Mal 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH August 12, 193 31	L
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of			22. I HEREBY CERTIFY. That I attended decessed	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months STILLB	Oays	12, 1931 If LESS than 1 day, hrs. or min.	I last saw h	s sald
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Md (State or country)				
E 13. NAME Lemuel	Showell			
14. BtRTHPLACE (city or town)	elaware		Name of operation Dete of	
Y			What test confirmed diegnosis? Was there en eutopsy?	
16. BERTHPLACE (city or town) D (State or country) 17. INFORMANT	elaware		23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?	
(Address) 18. BURIAL, CREMATION, OR REMOVAL Ptage	Dete	, 19	Manner of injury	
19. UNDERTAKER(Address)			24. Was disease or injury in eny way related to occupation of deceased?	
20. FILEO, 19	•••••	Registrar.	(Address) Sellupuelle Vel	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
Arteriosclerosis	1915	Attack of epilepsy 1 week ago
Chronic interstitial nephritis	1921	Run over by street ear 1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 3 days ago
Other contributory causes of importance:		Other contributory causes of importance
Gallstones	May 1,1923	Gastroenteritis
		18

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks ale needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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F	Example I		Example II		
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SEP R 1961	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURRADD	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
BURNAUV	2		
Other contributory causes of importance:	A	Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PH	YSICIAN

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PLACE OF DEATH	STATE OF MARYLAND
County deales	CERTIFICATE OF DEATH
	Registration Dist. No. 350
wast Towners of My	Registration Dist. No.
Village or City (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME () West	tion, give Its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
any 26 1932	
(Month) (Day) (Year)	that I last saw h mative ord lung 21, 197 1.
7 AGE [If LESS than	and that death occurred on the date stated allove, at
yrs. mos. ds or min.	The CAUSE OF DEATH * was as follows:
BOCCUPATION	XVIII /ma - In
(a) Trade, profession or particular kind of work	1 January
(b) General nature of industry	
business, or establishment in hich employed or (employer)	(Durstion)yrsmosds.
9 BIRTHPLACE	Contributory
(State or country)	Secondary
10 NAME OF	(Durkion)
FATHER JEVILLE WILKEN	(Signed) M. D.
OF FATHER	8/16 1925/(Address) / Termerse
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cruic Fulling	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country)	Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Church I lan.	usual residence
Galdress Lil	Parents Jaren Aug 27, 1931
Filed Ong 2 6 1931 John T Meley Registrar	Parent Paring Wilkin Recommende 12
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

01200

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy

Statement of Cause of Death—Name, first, the DISEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

napproved by Committee on Nomenclature American Medical Association.) .(Recommendations on statement of cause of "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septieaemia," "PUERFERAL perilonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Ethaustion," "Heart-failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJULY Examples: Accidental drowning; Struck by roilway train Never report mere symptoms or terminal condicough; Chronic etc. The contributory Always qualify all heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

1931

	. Eve	ICIA	teme	
	SE CO	IXS	sta	
	RECC	. PI	Exact	
	ITE PLAILY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Eve	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA.	ISE OF DEATH in plain terms, so that it may be properly classified. Exact stateme	
MARGIN RESERVED FOR BINDING	RMAN	XAC	classif	
BI	PEI	E	rly	ate.
FOR	V SI	stated	prope	N is very important. See instructions on back of certificate.
Q	HIS	pe	pe	of
ERVI	K-T)	plnoy	тау	hack
ESI	Z	S	at it	uo s
E E	ING	AG	o th	tion
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AR	UNI	lddr	tern	sui c
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7	Y.	car	TH	nort
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	PL	noul	OF I	VAPT
	TE	n sł	SE (100
	-	0	home	1

W. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09886
1. PLACE OF DEATH	(23)
County Worelsly	Registration Dist. No. 30/
Village or City Survey Fill - Ind	NoSt.,Ward
1.10	death occurred in a bospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?msmsds.
6/- 1	as. now long in 0.5.11 of loteign bittiryts nios as.
2. FULL NAME Havey Wise	
(a) Residence: No. (Usual place of abode)	St., Ware. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIO OWED.	21. DATE OF DEATH
Male (olored ORDIVORCEO (white the word)	7 - 193
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of Corp. WIFE of	22. 1 HEREBY CERTIFY That I attended deceased from
2 - 2 ICG./	, 19 to 8 = 3 = , ro3/
6. DATE OF BIRTH (month, day, and year) 3. 23. 1884.	I last saw he alive on 8 - 193 ; death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	P. J. Sandalalan M. 103
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Vicentify son sentence 11/29/13/
work was done, as SILK MILL, The risk Helper	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation coupation	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
(State or country)	Unimportant
II 13. NAME WM. Wise	
13. NAME WE WESE 14. BIRTHPLACE (city or town) Md.	Name of operation Mone Oate of Oate of
(Otate of County)	What test confirmed diagnosis? Clinical Westhere an autopsyllo
15. MAIOEN NAME Unknown 16. BIRTHPLACE (city er town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
₹ (State or country)	Where did injury occur?
17. INFORMANT Warner Beckell	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Inoutfill - Tool	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of after Dete of the Dete	Nature of injury
19. UNOERTAKER SY 770 A 21 June 19.	24. Was disease or injury in eny way related to occupation of deceased?
(Address) / snowtill md	If so, specify
20. FILED 8/36, 1931 REROY Swith	(Signed) M. O.
Registrar.	(Address)
If more blanks are needed, address State Registrar	2411 N Charles Street Baltimore Requesting 9) S No v

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I -		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis U is Is A U	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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PLACE OF DEATH County Clestu	09897 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City State (No	Registration Dist. No. Symples (If death occurred im a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
REWORD A COLOR OR RACE SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH CLES 6 , 193/
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
acy 6 , 1931	, 192, 192,
7 AGE (Year) If LESS than I dayhrs.	and that death occurred on the date stated above, at 30 Am. The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry quainess, or establishment in	Still born 1 mg. Riewsteine
which employed or (employer) 9 BIRTHPLACE (State or country) Manageral	Contributory Secondary Duration yrs. mos. ds.
10 NAME OF FATHER PLANT WISD 11 BIRTHPLACE OF FATHER (State or country) W	(Signed (Address) (Address) (Address) (Signed (Address)
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country) Maryland	Accidental, Suicidal of Homeidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) CLAST A MY KNOWLEDGE	if not at place of dea.h?
(Address) Stroken Md	Mend Hard Cere 6, 18.
If more banks are needed, address tate Kegistrar	, 16 W. Saratoga St., Baltov, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from, er," etc., without more process. To all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. g. gcd in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dcalworked on may form part of the second statement. Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation not gainfully em-Locomotive But in many (6) persons engineer, Grocery, en-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

1931 accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) diseases (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage Chronic affection need not be etc. The contributory valvular heart Always qualify all " Shock," Measles; disease; etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210)
County boxcester	Registration Dist. No. 33
Village or City W. J. W. D. S. L. C. A. N. M. M. M.	NoSt.,Ward
Lukun	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmos ds.
2. FULL NAME Turnes Wright	
(a) Residence: No. /Balto - Md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF BEATH Rug 1 193 /
ma Widowed	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of purposer	, 19 , to , 19 , 19 , 19
6. DATE OF BIRTH (month, day, end year) where	I last saw h elive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred un the date stated above, etm.
Valent 99 vo 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	Struck by welandly
SAWYER, BUUNKELPER, etc.	Relled by automobile
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	/
iO. Date deceased last worked at this occupation (month and spant in this	
this occupation (month and spent in this occupation year)	·
Willeman .	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Zukunn	
14. BIRTHPLACE (city or town) Zus Russum	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UNRIVER	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME WKWWW 16. BIRTHPLACE (city or town) WKWWW (State or country)	Accident, suicide, or homicide?Date offinjury aug 1., 1931_
(State or country)	Where did injury occur? 2 mule From Duow Will med
17. INFORMANT Edio Moson	(Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Survivil: mil	State try twoy
18. BURIAL, CREMATION, OR, REMOVAL No Date Quel 3 193/	Manner of injury torokin rufer lay lung struck
Place Push v rul 19 Date 19 190/	Nature of Injury / DORIN MER
19. UNDERTAKER Chas. a. turull	24. Wes disease or Injury In any way releted to occupation of deceased?
(Address) Dun Hill mil	If so, specify
20, FILED 8/3 1931 LEKon Sweeth	(Signed) M. D.
Registrar.	(Address) Pluro / Yul / / d:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN